



<b>Title</b>	<b>Parents' attitudes towards an organized dental care scheme for secondary school students</b>
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**Parents' Attitudes towards  
an Organized Dental Care Scheme  
for Secondary School Students**

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## ABSTRACT

Our project objective was to study the demands for and opinions of parents of secondary school students toward an organized dental care scheme for secondary school students. It was conducted by use of questionnaires. The questionnaire was divided into two parts: the first part mainly concentrated on parents' opinion about establishing an organized dental care scheme for secondary school students; the second part collected family background information. Five schools in Hong Kong Island and Kowloon were selected and 546 parents of Form 1 to 3 students responded to the questionnaire.

On the basis of the results collected from the questionnaire, the following conclusions were drawn:

1. There was a high demand to establish an organized dental care scheme for secondary school students. This was especially true when the parents thought that their children needed some types of dental treatment or they were previous School Dental Care Service (SDCS) participants.
2. The main types of dental treatment wanted were dental check-up, scaling and restoration, followed by OHI, extraction, orthodontics, root canal treatment in descending order.
3. Most preferable type of programme was extension of SDCS, followed by combined government-private dental practitioner programme.
4. Concerning the payment for the scheme, most of the parents would like to pay less than HK\$100 annually. However, there was an increasing willingness to pay more when their household income increased or with increasing level of mothers' education.
5. Good facilities and reasonable fees were the top priorities when parents selected a dentist.

The results showed that dental awareness of the parents were still very low, so more dental health programmes and school teaching should be conducted in order to increase their awareness toward dental treatment in the future.

## INTRODUCTION

In Hong Kong, the School Dental Care Service (SDCS) was started in 1980 and almost 80% of all primary school students have participated in and gained benefit from this programme. However, after completing the SDCS at around age 11-12, there is no organized dental programme offered throughout secondary school for most of the students. It seems that they are being ignored. Later, only a minority of students who study in tertiary institutes will have an opportunity to visit dental clinics in these institutions. However, for many adolescents, any benefit gained at the School Dental Care Service might be diminished through the secondary school period.

We believe that continued regular dental care for these young adolescents is an important part of a preventive approach in dentistry. This has also been an underlying motive for the Pilot Youth Dental Care Programme which was launched in Tuen Mun in 1993 as a cooperative effort between the Department of Health and the Hong Kong Dental Association (1). However, we were interested in the opinions of parents of secondary school students to an organized dental care scheme for their children. The results of our study might provide some information for those who are going to formulate an organized dental care scheme for secondary school students or modify the Pilot Young Dental Care Programme for all Hong Kong Secondary School students.

## **AIM**

To study the demands for and opinions of parents of secondary school students toward an organized dental care scheme for secondary school students.

## **OBJECTIVES**

1. To describe parents' demand for an organized dental care scheme for secondary school students in relation to selected socio-demographic variables and previous dental experiences and ;
2. to study the opinions of parents toward an organized dental care scheme for secondary school students in relation to selected socio-demographic variables and previous dental experiences.



## **MATERIALS AND METHODS**

### **1. Selection of Schools**

The aim of this study was to collect the opinion of parents on the establishment of an organized dental care scheme for secondary school students. Thus, a sample of parents was needed for the study. Five schools were selected by convenience, three from Kowloon and two from Hong Kong island. Schools from the New Territories were excluded, since a pilot study about Youth Dental Care Service (YDCS) is being carried out by the Hong Kong Dental Association in that region.

The schools from Kowloon were:

- Kwun Tong Government Secondary School<sup>#</sup>
- Shun Lee Secondary School<sup>#</sup>
- Ying Wa College\*

The schools from Hong Kong Island were:

- St. Peter's Secondary School\*
- Islamic College<sup>#</sup>

Some schools were co-ed schools (marked with <sup>#</sup>), some were boys schools (marked with \*).

### **2. Selection of Classes**

From each school, the target group of this study was the parents of Junior Secondary School students, i.e. from F.1 to F.3. There were about four to five classes in each Form. One class in each Form was chosen. Therefore, three classes in each school were chosen, with a total of fifteen classes included in this study. Besides, there was about forty students in each class. As a result, five hundred and ninety-six students were involved in this study.

### **3. School Visiting and Questionnaire Collection**

At the end of November 1994, questionnaires were sent to the principals, and the instruction was explained to the principals (Appendix A). During the date of questionnaire collection, a set of souvenirs, which included a toothbrush, a tube of toothpaste and three dental health leaflets donated by Oral-B (Gillette Far East Trading Ltd.), was presented to each student who handed in the questionnaire (Appendix D).

### **4. Questionnaire Setting**

The present study is based mainly on a questionnaire to collect the required information. The questionnaire is divided into two parts: the first part mainly concentrates on the parents' opinion on establishing an organized dental care scheme for the secondary school students; the second part collects the background information of the family.

The English version of the questionnaire was first set up and then a Chinese version in layman terms was adopted and was proof-read by Dr. Edward C.M. Lo (Appendix B). Together with the questionnaire, there was also an instruction letter addressed to the parents with a general guide of how to complete the questionnaire (Appendix C).

## **RESULTS**

### **A. Background Information**

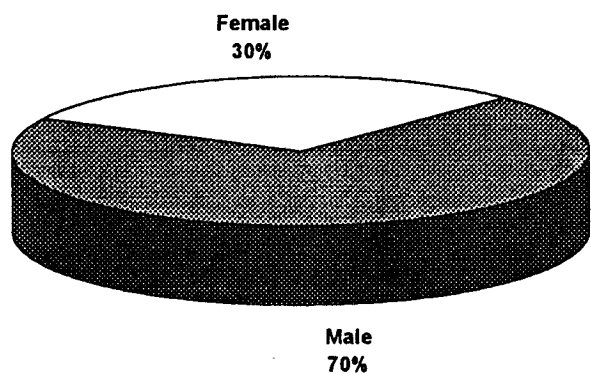
#### **I. Study population**

There were 546 parents of secondary school students from 5 different schools in Hong Kong Island and Kowloon who successfully completed the questions in the questionnaire survey. The overall return rate of the questionnaire was 91.8%.

II. Sex distribution

Overall, about two-thirds of the students were male and the remaining one-third were female, because there were 3 co-educate schools and 2 boys' schools (Figure 1).

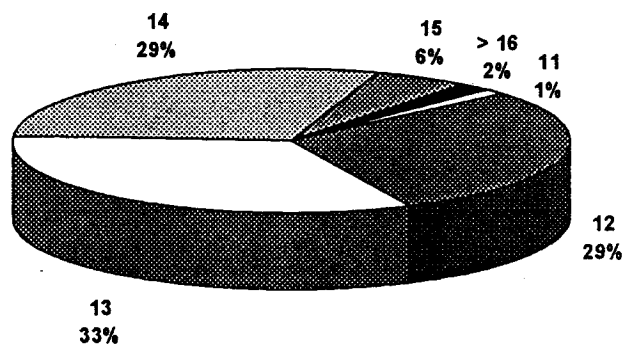
Sex distribution of the students



III. Age distribution

The age distribution of the study population corresponded well to the normal age range for each Form, i.e. 12 years old for Form 1; 13 years for Form 2 and 14 years for Form 3 (Figure 2).

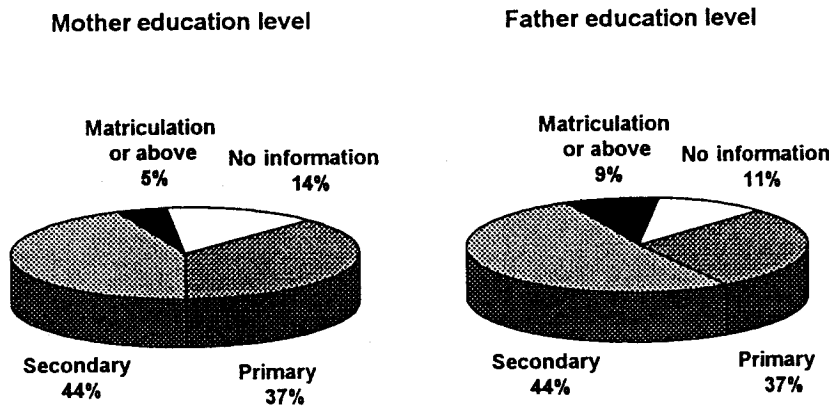
Age distribution of the students



IV. Parents' educational level

With respect to educational level, more than half of the parents got secondary school education or above, with fathers having a slightly higher percentage at tertiary education level (Figure 3).

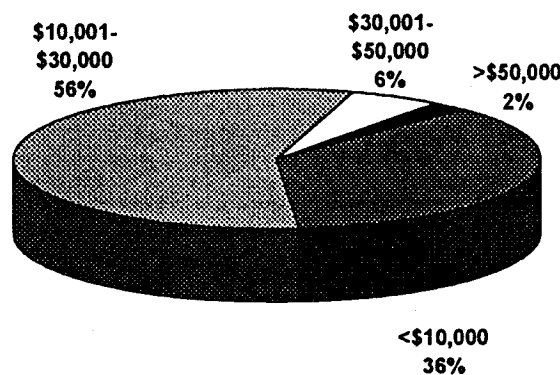
Education level of parents



V. Household income distribution

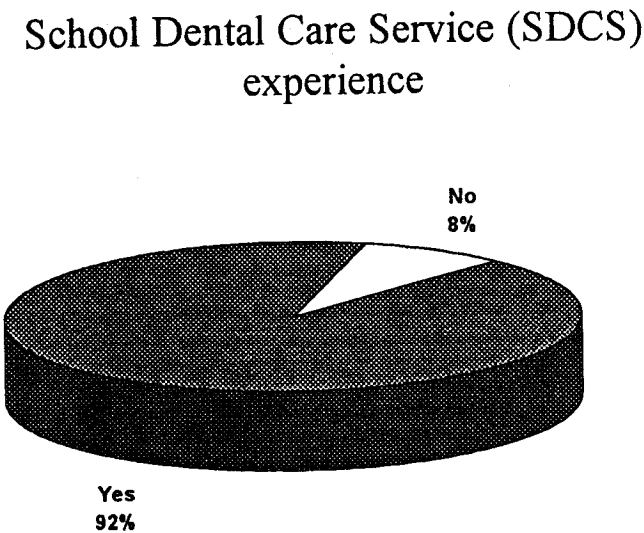
Most of the respondents (56%) had an income between HK\$10,000-30,000. Around 36% of the families reported an income below HK\$10,000. The remaining 8% had income over HK\$30,000 (Figure 4).

Household income



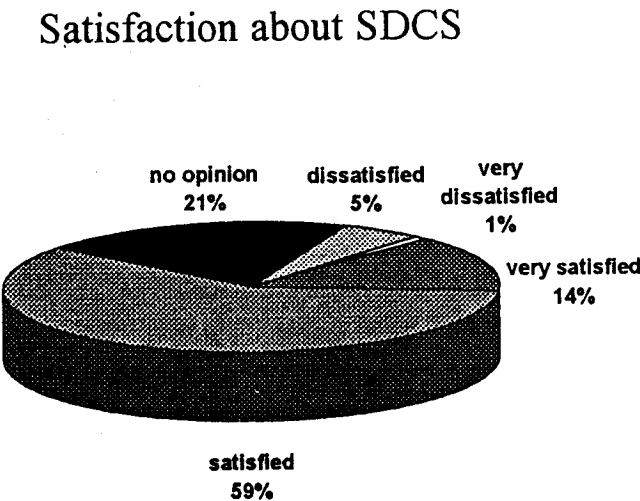
VI. School Dental Care Service (SDCS) experience

Parents reported that 92% of the students participating in the survey had SDCS experience (Figure 5).



VII. Satisfaction with SDCS

Around 73% of the SDCS participants expressed that they were either satisfied or very satisfied with the previous SDCS scheme, and only 6% of the respondents were dissatisfied with the scheme. The remaining 21% respondents did not express their opinion about it (Figure 6).



VIII. Student dental visit experience during secondary school

- a. There were 30.8% of the students who had visited dentists once or more during their first three years in secondary school.

But the majority (69.2%) did not have any dental visits since starting secondary school.

As shown in Table 1, there was a trend of an increasing proportion of the students who saw a dentist from F.1 to F. 3, from 23% to 39% and a corresponding decrease in the number with no visits from 77% to 61%.

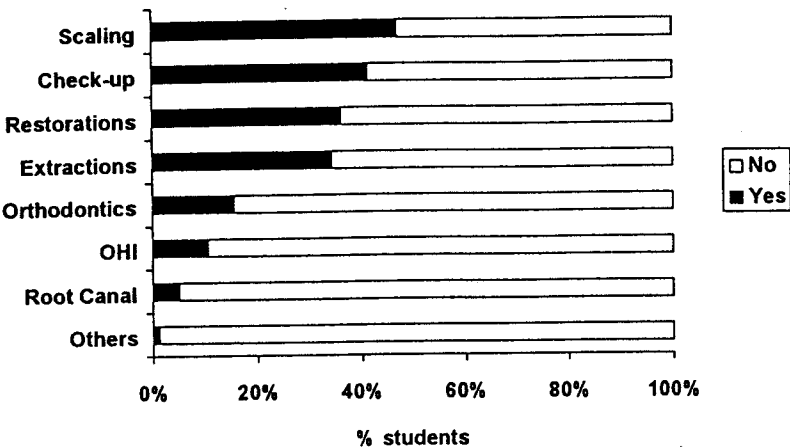
**Table 1. Dental visit experience after primary school.**

<b>Dental Visits</b>	<b>Form 1</b>		<b>Form 2</b>		<b>Form 3</b>		<b>Total</b>	
	n	%	n	%	n	%	n	%
Yes once	27	15	26	14	35	21	88	16
Yes twice	16	8	33	17	30	18	79	15
No	144	77	131	69	100	61	375	69
Total	187	100	190	100	165	100	542	100

- b. Treatment received (Figure 7) was reported by those 31% of the students who visited a dentist during secondary school. Respondents were able to give more than one answer (multiple response option) and an average of 1.6 treatments per respondent were reported. Almost half of the students received scaling (47%) and dental check-up (42%). Nearly one-third of them reported that they received restorations (36.3%) and extractions (34.4%).

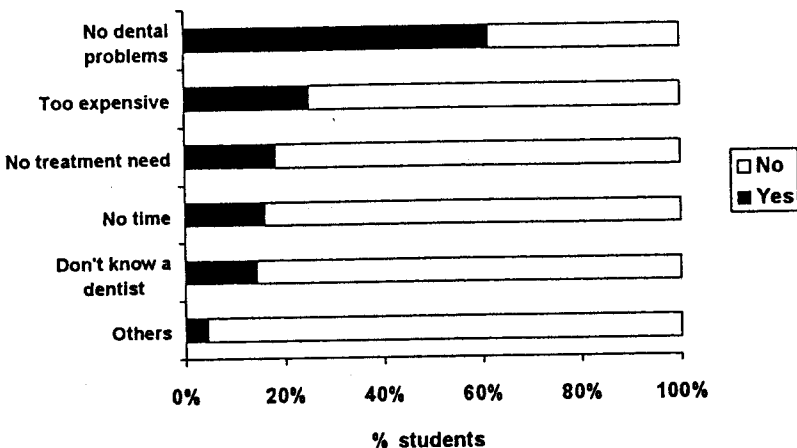
And there was a small group of students who received orthodontic treatment (15.6%), oral hygiene instruction (10.6%) and root canal treatment (5%).

Types of dental treatments received



c. Reasons for not visiting dentist in secondary school (Figure 8)

Reasons for not visiting dentists



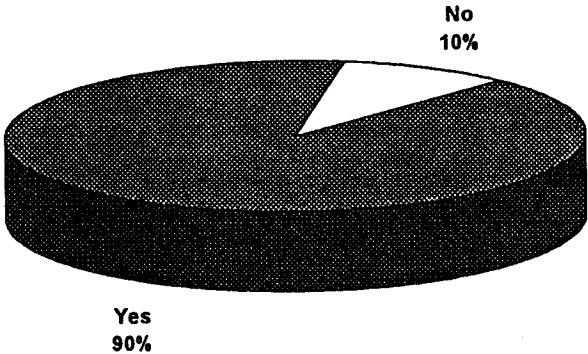
Most of the respondents believed that their children had no dental problems (61.4%). Around one-quarter claimed that the charges were too high (25.1%).

There were 14-18% of respondents who said that they had either no treatment need, no time or didn't know a dentist to go to.

**B. Demand for an Organized Dental Scheme**

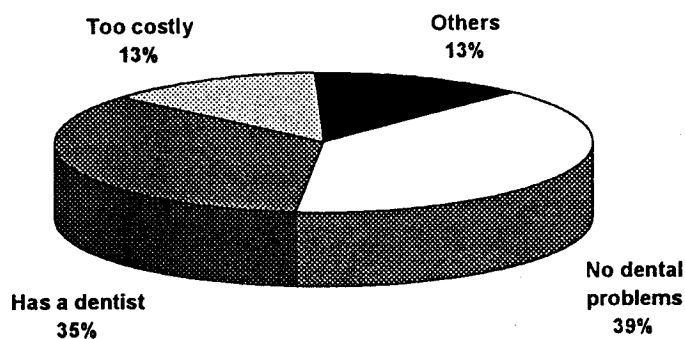
About 90% (n=492) of the respondents thought that there was a need to have an organized dental care programme established for secondary school students (Figure 9). For those 10% of the respondents who did not express an interest in such a programme, the main reasons were that they thought that their children did not have any dental problems (39%) or they had already their own family dentist (35%); the remaining respondents said either that it was too expensive (13%) or gave other reasons like they were civil servants so that they had dental service provided by government (Figure 10).

Opinion on the establishment of a dental care programme



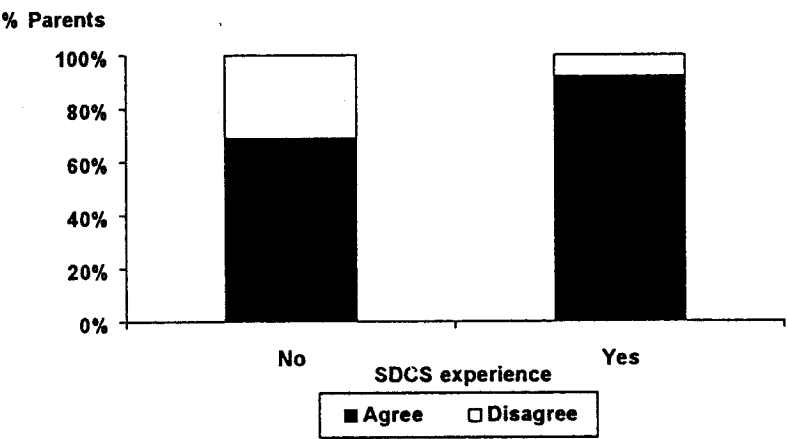


### Reasons for not supporting the establishment of a dental care programme

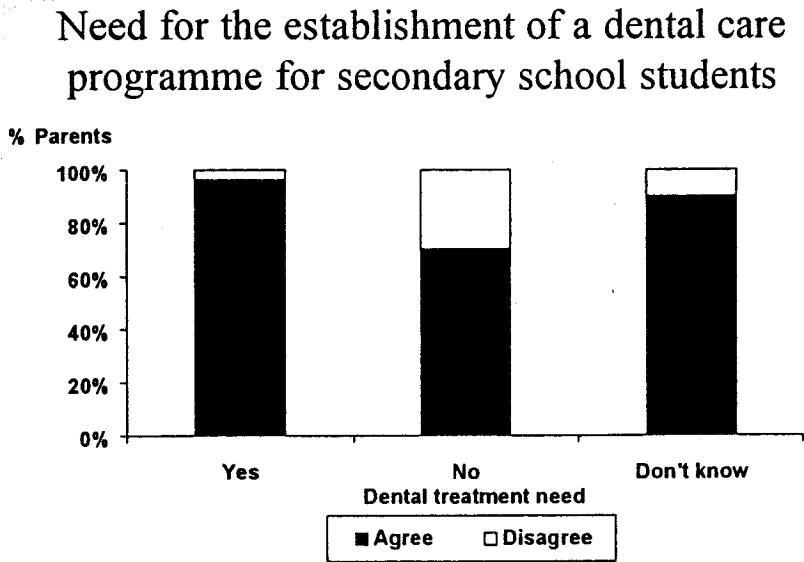


Most of the parents whose children had participated in the SDCS during primary school, most of the parents (94%) agreed that there was a need to establish a programme for secondary school students. For those who did not have SDCS experience, only 75% of the parents expressed an interest in the establishment of such a programme (Figure 11).

### Need for the establishment of dental care program for secondary school students



Furthermore, among those who thought that their child needed some dental treatment there was a higher percentage who expressed preference for the establishment of a programme (95%) than among those whose children didn't need treatment (Figure 12). Of those who did not know whether their children needed any treatment, the majority (90%) still agreed to a programme.



**C. Opinions**

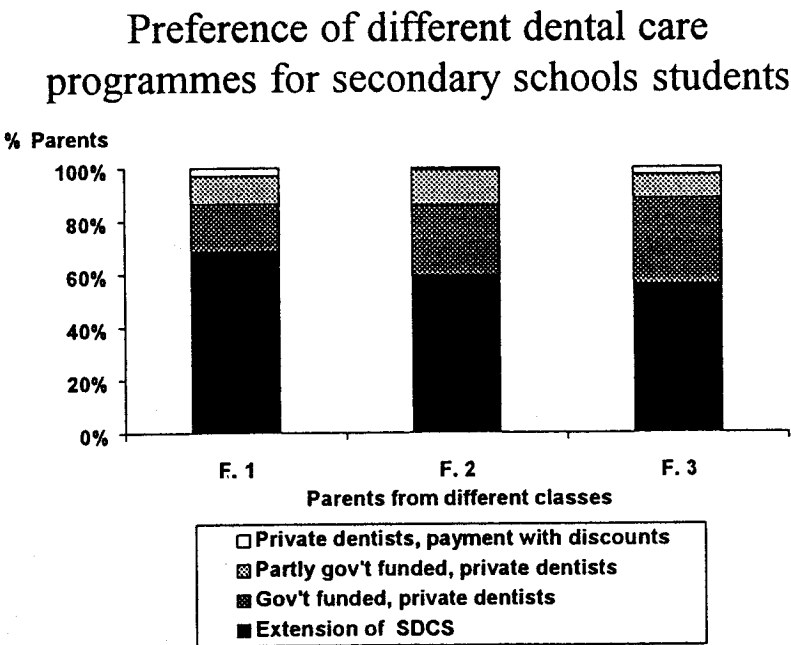
**I. Type of programme**

The respondents were asked to indicate their preference for a programme from 4 options:

- A fully government funded dental care programme as an extension of the SDCS with a nominal fee paid by you and the rest paid by the government.
- A fully government funded dental care programme with private dental practitioners with a nominal fee paid by you and the rest paid by the government.

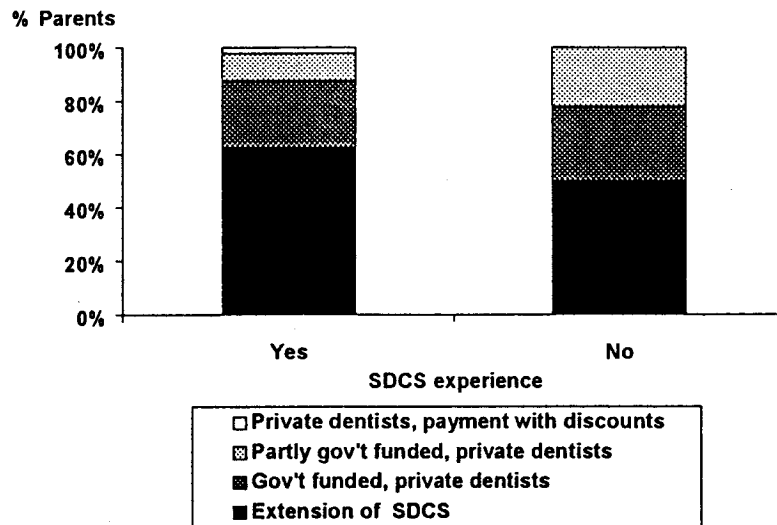
- A dental care programme with private dental practitioners partly paid by you and partly by government.
- A dental care programme with private dental practitioners fully paid by yourself but with a percentage discount on dental treatments.

More than half of the respondents in all forms (61.7%) preferred the programme to be an extension of the SDCS. There was a trend of decreasing preference for the SDCS extension from F.1 to F.3. On the other hand, there was an increasing proportion who chose the combined government-private dental practitioner programme, especially the programme funded by government, but with a combination of fees from themselves and government (Figure 13).



In addition, more than half of the previous SDCS participants preferred the programme to be an extension of the SDCS programme (Figure 14).

## Preference of different dental care programmes for secondary schools students

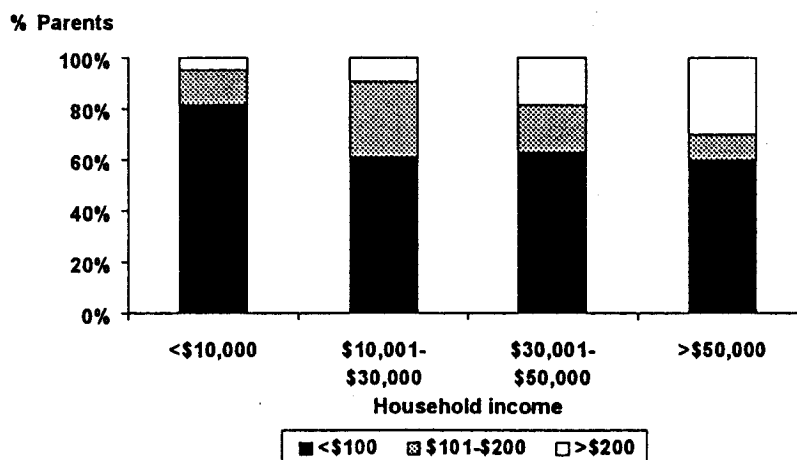


## II. Type of payment

### a. *Household Income*

About 60% of the respondents were willing to pay less than HK\$100 for a dental care programme (Figure 15). The highest percentage (80%) who were willing to pay less than HK\$100 was found among those who had a monthly household income of less than HK\$10,000. However, there was an increased willingness to pay more as parents' household income increased.

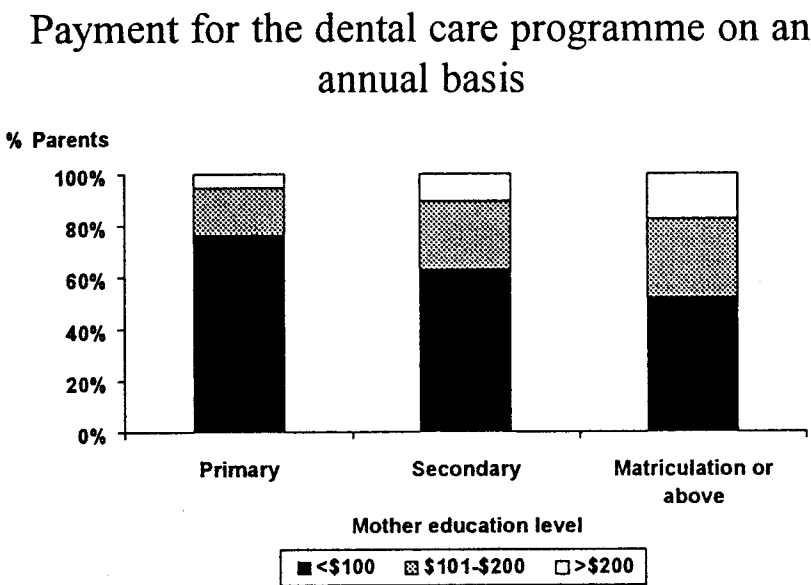
## Payment for the dental care programme on an annual basis



b. *Education Level*

A similar trend was found with respect to mothers' education levels.

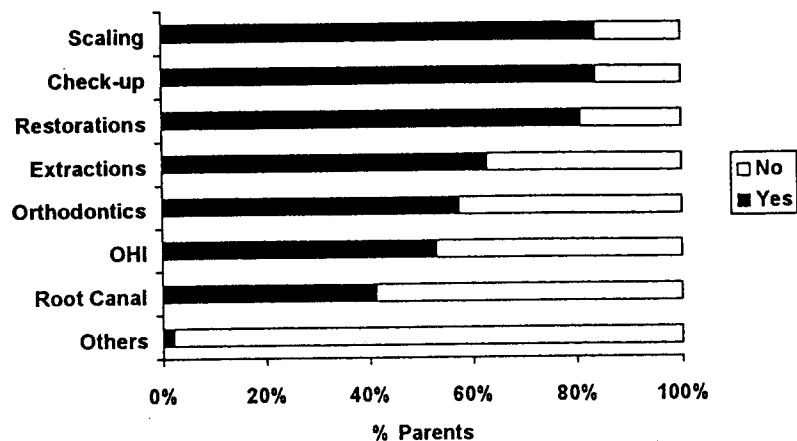
Figure 16 shows that two thirds of responding mothers (68.7%) at all education levels preferred the cost of the scheme to be below HK\$100 per year. The percentage of maternal respondents who would be willing to pay more than HK\$100 increased as the educational level increased.



III. Type of treatment

The majority of the respondents would like a programme to include dental check-up, scaling and restorations. In addition, over half of the respondents preferred OHI, extraction and orthodontics in to be included the scheme (Figure 17).

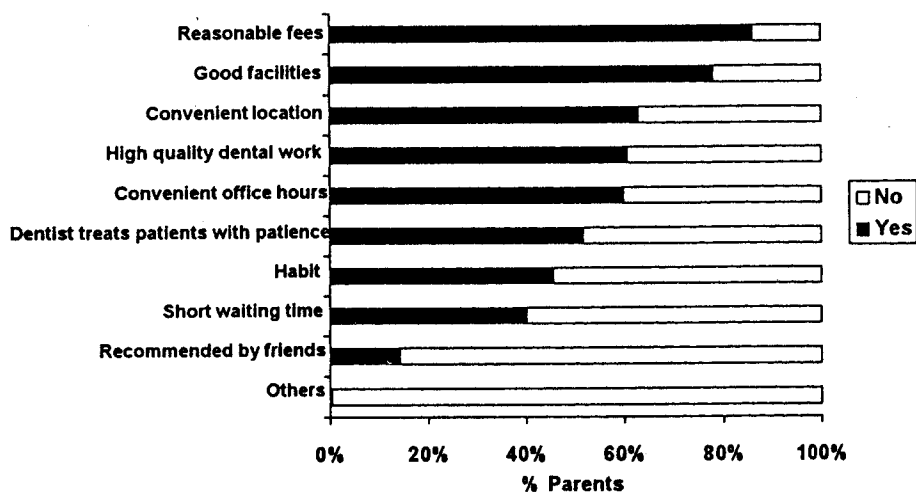
## Types of treatments should be included in the dental care programme



### IV. Criteria of selection of a dentist

To choose a dentist, the majority of the respondents (~80%) would like the dentist to have good clinic facilities and charge reasonable fees. About half of the respondents would consider the quality of dental work and empathy as criteria for selection. Convenient office location and office hours (50%) were also important considerations (Figure 18).

## Criteria for choosing a dentist



## DISCUSSION

### A. Study Population

#### I. School selection

- a. In the school selection, we excluded those areas in which the pilot Youth Dental Care Service in the New Territories was established. This could reduce bias in our survey arising from parents who had previous knowledge about the existing pilot scheme in Tuen Mun and Shatin. A convenience sample of five schools were selected, two from Hong Kong Island and three from Kowloon. Since we chose two boys schools and three co-education schools, the sex distribution was uneven (boys:girls ~ 7:3). Ideally, the sex ratio should match the Hong Kong population. In fact, the sex of students did not seem to affect the results of the survey significantly.
- b. After the students finish the primary school, there is no dental care programme for them. Therefore, we decided to choose secondary school students as our sample group, because we believed that most of the students would not visit the dentist as regularly as during primary school. This was in fact shown in the results (cover 70%) and corresponds very well with a previous survey by Kwan (2) who found that 73% of secondary school students had not visited a dentist during their secondary school years.

We chose students from Form 1 to Form 3 as our target groups. These students have most recently left the SDCS and it would be most feasible to motivate them to continue regular dental care through a special programme. Since F.1 to F.3 students would usually not make independent decisions concerning their health care, the objective of our survey was to collect the attitudes towards an organized dental scheme among their parents.

## **B. Demand for an Organized Dental Scheme**

- I. The majority of the respondents (90%) would like to establish such an organized dental scheme, no matter whether their children need dental treatment or not. However, there is a higher demand to establish such a scheme when parents think that their children need some dental treatments (Figure 13). The types of treatment which they would like to be included in the scheme (dental check-up and scaling, followed by restoration, OHI, extraction, orthodontics, root canal treatment in decreasing order) might reflect the parents' own experiences to a certain extent, but the treatments correspond to the most frequently used ones in practice. The reasons for less preference in establishing the dental care scheme are probably due to their lower dental awareness, their own family dentist or that parents work for the government and thus, their children receive government dental care services.
- II. In addition, there is a higher demand of establishing such a programme for previous SDACS participants (94%). This is probably due to previous exposure to this kind of programme and there is a rather high percentage of satisfaction (73%) among these participants. Even non-participants of SDACS have a rather high percentage who prefer the establishment of such a programme (75%). The reason for not supporting the establishment of such a programme is probably due to lack of exposure to dental treatment, family dentist, civil servant parents or that there really are no dental problems.

## **C. Opinions**

### **I. Type of programme**

We have suggested 4 types of programmes for parents among which to choose. More than one-half of the parents preferred an organized dental scheme for their children to be an extension of the SDACS. One quarter of the parents preferred a fully government funded programme with private dental practitioner and with a nominal fee paid. The



rest would like a programme with private dentist, either partly government funded, or with discount.

More than half of the students were participants of SDCS, this means that they and their parents were satisfied with the SDCS programme and they would like to have it continued during the secondary school. There is a stronger desire for parents of F.1 than F.2 or F.3 students to have the programme as an extension of SDCS, the reason could be that the longer the children have been away from the SDCS, the more they forget about the programme. For those parents who chose a fully government funded programme with private dentist, they would like to pay less for dental treatment. If this is really the case, it seems to create some problems because the range of dental services wished for seems to be quite wide. We should educate them on the importance of dental health and increase the value of dentistry in their lives.

## II. Type of payment

Most of the parents suggested the annual fee should be less than HK\$100. The results indicate that when people earn more, they are more willing to pay for dental treatment. There is a minority who is willing to pay more than HK\$200 annually. Most respondents would like to spend only a very small proportion of their income on dental treatment. They might spend about HK\$100 each month for a hair-cut (i.e. HK\$1200 annually), but the majority would like to spend less than HK\$100 annually for dental treatment. Therefore, more dental health programmes should be conducted to educate them and to increase their awareness towards dental treatment.

Those who have higher education level are also more willing to pay for dental treatment. This again may reflect that education is important in the awareness of dentistry. We must educate the public when they are young. This can be done when they are at school. Therefore school teaching may also be important in increasing the dental awareness of the public in the future.

Generally, respondents express some preferences without considering the possible costs. The willingness to pay is quite low, but the comprehensiveness of coverage is quite great. This may need some educational effort to make people understand that there must be some relationship between what is wanted and the commitment to use money for dental purposes.

### III. Type of treatment

The treatment preferred included check-up and scaling, which are a part of the preventive measures, and restorations and extractions which are the major problems that the student might get. Orthodontic treatment is also a treatment item that most of the parents prefer to be included in the programme.

It is not difficult to understand why check-up and scaling are preferred since it is routine preventive measures in a dental clinic. Restorations and extractions are also familiar treatments to most parents, so that they believe that it should also be included. But for orthodontics, it is interesting that more than half of the respondents thought that it should be included. There could be 2 major reasons for that: firstly, that parents are becoming more aware about their children's need for treatment; secondly, the orthodontics treatment in private practice is expensive.

For OHI, only half of the parents preferred this treatment and this may imply that some respondents are problem oriented rather than prevention oriented. Therefore, we should reinforce the preventive aspects more for our patients.

When the treatment preferences in our students are compared to the work of dentists who participated in the pilot YDCP scheme (unpublished material), the dental service most frequently performed on secondary school students are also check-up, scaling, extractions, and restorations. This implies that the data collected in this survey have similarities to the actual work done to the patients by dentists participating in the present pilot programme of YDCP.

#### IV. Criteria for selection of a dentist

Reasonable fees fall into the most important criteria for choosing a dentist. Good facilities come second. It is surprising that the quality of the work of the dentist is not the most important criterion. Furthermore, convenient location and office hours are also important. This reflects that the dental awareness of the people is not very high, they prefer cheaper fees to high quality dental work. Therefore education about these aspects is still important.

However, a convenient location and convenient office time may attract more people to visit dentist.

## **CONCLUSION**

In our study assessing the parents' attitudes toward an Organized Dental Care Scheme for secondary school students, the findings are summarized as follows.

### **A. Establishment of an Organized Dental Care Scheme**

- I. About 90% of the respondents would prefer an organized dental care scheme. This was especially obvious when they thought their children need dental treatment.
- II. A very high percentage (94%) of parents of previous SDCS participants prefer to establish an organized dental care scheme for secondary school students.
- III. The treatment they would like to include in scheme are dental check-up, scaling, restoration, followed by OHI, extraction, orthodontics, root canal treatment in decreasing order.

### **B. Type of Programme**

- I. With reference to different dental care programmes for secondary schools students, more than half of the respondents (61.7%) would prefer a programme as an extension of SDCS. This is especially prevalent among previous SDCS participants. Besides, there is an increasing tendency to choose combined government-private dental practitioner programme from F.1 to F.3.

### **C. Type of Payment**

- I. Most of the parents (>60%) would like to pay less than HK\$100 annually toward a dental care programme. However, there was an increased willingness to pay more as household income increased.

II. Parents' willingness to pay more was also related to increased level mothers' education.

**D. Criteria of Selection of Dentist**

Good facilities and reasonable fees were the main factors influencing the selection of dentist. Furthermore, they would also consider quality of dental work, empathy, convenient office location and office hours as well.

## RECOMMENDATIONS

- A. The Hong Kong Government should consider the opinion from our respondents: there is a high demand to establish an organized dental care programme for secondary school students. Moreover, it can be an extension of SCDS or Government funded - private dental practitioner - participated scheme.
- B. Since most of the parents would suggest the annual fee to be less than HK\$100, more education and school teaching should be conducted to increase their awareness of dental treatment and the relationship between treatment and commitment of money for dental purposes.
- C. With regard to type of treatment, our data collected show similarities with the actual work done to patient by dentist participating in the present pilot programme of YDCP. Thus, YDCP might be a solution to such an organized dental care scheme for secondary school students.

## ACKNOWLEDGEMENTS

We should like to express our gratitude to Oral-B Laboratories, Gillette Far East Trading Ltd., for providing oral health pamphlets as well as toothbrushes and toothpaste which were given to students who brought back completed questionnaires.

Besides, we would also like to express our sincere gratitude to the people who have assisted us in various ways during the project. They include:

Mr. Yu (The Principal of Islamic College)

Mr. Lau Chiu Yin (The Principal of St. Peter's Secondary School)

Mrs. Ella To (The Principal of Kwun Tong Government Secondary School)

Mr. Cossum (The Principal of Ying Wa College)

Mr. Hong (The Principal of Shun Lee Catholic Secondary School)

- for the distribution and collection of questionnaire.

Dr. E. Schwarz- supervision of our project and preparation of the report.

Dr. E.C.M. Lo - supervision of Chinese version of the questionnaire.

Miss May Wong - data collection, advice in statistic analysis, interpretation and graphic design.

Miss Josephine Yuen - typing of the report and secretarial assistance at various stages of project.

Dental Illustration Unit - preparing the slides.

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1. Hong Kong Dental Association: Newsletter, May 1993, p.1-2.
2. Kwan EL. Oral health status of 13 and 15 year-old secondary school children in Hong Kong. MDS Thesis. Hong Kong: University of Hong Kong, 1992.



## **APPENDICES**

- A. Letter to Principals
- B. Questionnaire (English and Chinese)
- C. Letter to Parents (English and Chinese)
- D. Letter to Oral-B Laboratories, Gillette Far East Trading Ltd.

Our Ref.: CHP94/GP3/LET/01

7 November, 1994

Mr. Ha Wing Ho  
The Principal  
St. Paul's College  
69 Bonham Road  
Hong Kong

Dear Mr. Ha,

We are a group of final year dental students of the University of Hong Kong. Since a dental programme for secondary school students has already been initiated in Tuen Mun for more than a year, we would like to invite the parents of your students to participate in a survey about their opinion on setting up an organized dental care programme for Secondary School students.

The aim of the survey is to study the demand and the opinions of parents of secondary school students' in setting up an organized dental care service for their children.

A few secondary schools in Hong Kong have been selected to participate in the survey. We would appreciate if your school could participate in this survey by distributing and collecting some questionnaires which we would like to give to selective classes in your school. We believe that the study will not be disruptive to your classes.

If you have any enquiries, please contact Mr. George Lok (1103311 A/C 3362).

We are looking forward to receiving your positive reply.

Thank you for your kind attention.

Yours sincerely,



Mr. Y.C. Lay  
Coordinator  
Group 5.3



Dr. E. Schwarz  
Project Advisor  
Reader in Periodontology and Public Health

牙周病學及公共衛生學系

**DEPARTMENT OF PERIODONTOLOGY AND PUBLIC HEALTH**

FACULTY OF DENTISTRY, PRINCE PHILIP DENTAL HOSPITAL, HOSPITAL ROAD, HONG KONG

TEL: (852) 859 0295

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DEPARTMENT OF PERIODONTOLOGY AND PUBLIC HEALTH  
THE UNIVERSITY OF HONG KONG

Community Health Project - Group 5.3/1994

Survey on parents' attitudes toward a dental care programme for secondary school students

Class Number: \_\_\_\_\_ Form : \_\_\_\_\_ Age : \_\_\_\_\_ Sex : ☐ M ☐ F

1. Has your child ever participated in the School Dental Care Service (SDCS) programme during his/her primary school years?

☐ No  
☐ Yes -----> Were you satisfied with the SDCS?  
☐ Very satisfied  
☐ Satisfied  
☐ No opinion  
☐ Dissatisfied  
☐ Very dissatisfied

2. Has your child visited a dentist during his/her secondary school years?

☐ Visited the dentist once ]  
☐ Visited the dentist twice ] -----> What type of treatment has he/she received?  
or more ] (more than one answer allowed)  
☐ Dental check-up  
☐ Oral hygiene instruction  
☐ Scaling  
☐ Restorations  
☐ Root canal treatment  
☐ Extractions  
☐ Orthodontic treatment  
☐ Others, please specify \_\_\_\_\_

☐ Did not visit a dentist -----> What were the reasons for not visiting a dentist?  
(more than one answer allowed)  
☐ No dental problems  
☐ No treatment need  
☐ Don't know a dentist to go to  
☐ Too expensive  
☐ No time  
☐ Others, please specify \_\_\_\_\_

3. Does your child require any dental treatment now?

☐ Don't know

☐ No

☐ Yes ----->

What type of dental treatment is in need now?  
(more than one answer allowed)

☐ Dental check-up

☐ Oral hygiene instruction

☐ Scaling

☐ Restorations

☐ Root canal treatment

☐ Extractions

☐ Orthodontic treatment

☐ Others, please specify \_\_\_\_\_

4. Do you think there is a need to establish a dental care programme for secondary school students?

☐ Yes

☐ No ----->

What are the reason for that? Because:

☐ my child has no dental problems

☐ my child already has a dentist

☐ I would worry it would be too costly

☐ Others, please specify \_\_\_\_\_  
(Go to Q10)

5. Which kind of organization of the programme would be most preferable to you?

☐ A fully government funded dental care programme as an extension of the SDCS with a nominal fee paid by you and the rest paid by the government.

☐ A fully government funded dental care programme with private dental practitioners with a nominal fee paid by you and the rest paid by the government.

☐ A dental care programme with private dental practitioners partly paid by you and partly by government.

☐ A dental care programme with private dental practitioners fully paid by yourself but with a percentage discount on dental treatments.

6. What type of treatment would you expect to be included in the dental care programme? (more than one answer allowed)

- ☐ Dental check-up
- ☐ Oral hygiene instruction
- ☐ Scaling
- ☐ Restorations
- ☐ Root canal treatment
- ☐ Extractions
- ☐ Orthodontic treatment
- ☐ Others, please specify \_\_\_\_\_

7. How much are you willing to pay on an annual basis for dental care for your child?

- ☐ less than \$100
- ☐ \$101 - \$200
- ☐ \$201 - \$300
- ☐ \$301 - \$400
- ☐ more than \$400

8. Which criteria would you consider important in order to choose a dentist? (more than one answer allowed)

- ☐ Reasonable fees
- ☐ Good facilities
- ☐ High quality dental work
- ☐ Dentist treats patients with respect
- ☐ Convenient office hours
- ☐ Convenient location
- ☐ Waiting time in dentist's office is short
- ☐ Habit, have always gone there
- ☐ Recommended by friends or relatives
- ☐ Others, please specify \_\_\_\_\_

9. If a dental care programme for secondary school students were to be set up according to your previous choices, will you let your child participate in this programme?

- ☐ Yes
- ☐ No

At last, we would like to know some background information about you and your family.

10. Are you the child's

- ☐ father
- ☐ mother
- ☐ guardian

11. What is your age?

- ☐ 25 - 34 yr-old
- ☐ 35 - 44 yr-old
- ☐ 45 - 54 yr-old
- ☐ 55 - 64 yr-old
- ☐ 65 yr-old or above

12. Under what circumstance would you normally go to see a dentist?  
(only one answer allowed)

- ☐ To have a dental check-up
- ☐ When I have a toothache
- ☐ When I have gum problems
- ☐ When I have problems with my teeth
- ☐ When I think I need fillings or extractions
- ☐ When I think I need to have my teeth cleaned
- ☐ Others, please specify \_\_\_\_\_

13. How long ago did you last receive dental care?

- ☐ Less than 6 months
- ☐ 6 months to 1 year
- ☐ 1 - 2 years
- ☐ 2 - 3 years
- ☐ 3 - 5 years
- ☐ More than 5 years
- ☐ Never received dental care

14. What is the child's father's education level?

- ☐ Primary school
- ☐ Secondary school
- ☐ Matriculation
- ☐ Tertiary school
- ☐ Not suitable/Don't know

15. What is the child's mother's educational level?

- ☐ Primary school
- ☐ Secondary school
- ☐ Matriculation
- ☐ Tertiary school
- ☐ Not suitable/Don't know

16. What is your household's total income per month?

- ☐ Less than \$10,000
- ☐ \$10,001 - \$30,000
- ☐ \$30,001 - \$50,000
- ☐ More than \$50,000

Thank you very much for your cooperation!

香港大學牙醫學院  
牙周病學及公共衛生學系

家長對中學生牙科保健計劃意見問卷調查

班號：\_\_\_\_\_ 班別：\_\_\_\_\_

年齡：\_\_\_\_\_ 性別：☐ 男 ☐ 女

1) 閣下之子女有否在小學時參與學童牙科保健計劃？

☐ 否

☐ 有 \_\_\_\_\_ > 閣下對此計劃是否滿意？

☐ 非常滿意

☐ 滿意

☐ 無意見

☐ 不滿意

☐ 非常不滿意

2) 閣下之子女在中學時有否看過牙醫？

☐ 有，一次

☐ 有，二次或以上

\_\_\_\_\_ > 他 / 她接受了那種牙科治療？

(可選擇多個答案)

☐ 口腔檢查

☐ 口腔護理指導

☐ 洗牙

☐ 補牙

☐ 根管治療 (杜牙根)

☐ 脫牙

☐ 牙齒矯正 (箍牙)

☐ 其他，請詳述 \_\_\_\_\_

☐ 沒有 \_\_\_\_\_ > 沒有看過牙醫的主要原因？

(可選擇多個答案)

☐ 牙齒無問題

☐ 不需要任何治療

☐ 不知道找那一個牙醫

☐ 收費太貴

☐ 沒有時間

☐ 其他，請詳述 \_\_\_\_\_



3) 閣下認為貴子女現在是否需要接受牙科治療？

☐ 不知道

☐ 不需要

☐ 需要 \_\_\_\_\_> 需要那一種牙科治療？

(可選擇多個答案)

☐ 口腔檢查

☐ 口腔護理指導

☐ 洗牙

☐ 補牙

☐ 根管治療(杜牙根)

☐ 脫牙

☐ 牙齒矯正(箍牙)

☐ 其他，請詳述 \_\_\_\_\_

4) 閣下認為是否需要為中學生設立一個牙科保健計劃？

☐ 需要

☐ 不需要 \_\_\_\_\_> 原因：☐ 我的子女沒有口腔問題

☐ 我的子女已有固定牙醫

☐ 我認為收費會太貴

☐ 其他，請詳述 \_\_\_\_\_

(請回答問題10)

5) 請從下列四種中學生牙科保健計劃建議中，選擇閣下認為最適合的一種。

☐ 延續小學生學童牙科保健，只需交報名費，其他費用由政府補貼

☐ 由私家牙醫提供服務，除了報名費外，其他費用由政府補貼

☐ 由私家牙醫提供服務，費用部份由家長支付，其餘由政府補貼

☐ 由私家牙醫提供服務，收費有所減免，但費用由家長支付

6) 閣下認為那種牙科治療應包括在中學生牙科保健計劃內？

(可選擇多個答案)

☐ 口腔檢查

☐ 口腔護理指導

☐ 洗牙

☐ 補牙

☐ 根管治療(杜牙根)

☐ 脫牙

☐ 牙齒矯正(箍牙)

☐ 其他，請詳述 \_\_\_\_\_

7) 閣下願意每年付出多少費用讓貴子女參加牙科保健計劃？

- ☐ 少於 \$100
- ☐ \$101 - 200
- ☐ \$201 - 300
- ☐ \$301 - 400
- ☐ 多於 \$400

8) 閣下認為那些因素會影響你如何選擇牙醫？

(可選擇多個答案)

- ☐ 合理收費
- ☐ 良好設備
- ☐ 高質素治療
- ☐ 尊重病人
- ☐ 診症時間方便
- ☐ 診所地點方便
- ☐ 候診時間短
- ☐ 有固定牙醫
- ☐ 朋友，親戚介紹
- ☐ 其他，請詳述 \_\_\_\_\_

9) 如果政府推行你以上所選擇的中學生牙科保健計劃，閣下會否讓貴子女參與？

- ☐ 會
- ☐ 否

最後， 我們需要一些關於閣下和貴家庭的背景資料。

10) 閣下是貴子女的：

- ☐ 父親
- ☐ 母親
- ☐ 監護人

11) 閣下的年齡是：

- ☐ 34 歲以下
- ☐ 35 - 44 歲
- ☐ 45 - 54 歲
- ☐ 55 - 64 歲
- ☐ 65 歲以上

12) 閣下通常在以下那一種情況下去看牙醫？

(只可選擇一個答案)

- ☐ 想接受口腔檢查時
- ☐ 當有牙痛時
- ☐ 當牙齒或牙肉有問題時
- ☐ 當覺得有需要補牙或脫牙時
- ☐ 當覺得需要洗牙時
- ☐ 其他，請詳述 \_\_\_\_\_

13) 閣下上一次看牙醫是：

- ☐ 六個月以內
- ☐ 一年以內
- ☐ 一年至三年
- ☐ 三年至五年
- ☐ 五年以上
- ☐ 從來沒有看過牙醫

14) 貴子女之父親的教育程度是：

- ☐ 小學或以下
- ☐ 中學
- ☐ 預科
- ☐ 大專
- ☐ 不適用或不知道

15) 貴子女之母親的教育程度是：

- ☐ 小學或以下
- ☐ 中學
- ☐ 預科
- ☐ 大專
- ☐ 不適用或不知道

16) 每月之家庭總收入：

- ☐ \$10,000 以下
- ☐ \$10,001 - \$30,000
- ☐ \$30,001 - \$50,000
- ☐ \$50,000 以上

——多謝閣下合作——

Our Ref.: CHP94\GP3\LET\03

21 November 1994

Dear Parents,

We are a group of final year dental students of Faculty of Dentistry, The University of Hong Kong. We are now conducting a community health project with the title "The demand and opinion of parents toward an organized dental care scheme for secondary school students".

We would be most grateful if you would answer the few questions of the enclosed questionnaire and return the completed questionnaire to the school teacher through your child. We are sure it would only take you a few minutes to complete the questions.

The information you give will be passed on only in the form of statistical analyses and your views and opinions will not be identified with you. Thus, we don't ask for your name and address, the survey will be strictly anonymous.

As a "thank you" for your co-operation, we have prepared a small gift for your child which his/her teacher will hand over upon the return of the questionnaire.

We hope it will prove useful for your child's oral health.

Many thanks for your help.

Yours sincerely,

Mr. Kevin M.C. Chow  
Project Coordinator  
Group 5.3

Dr. Eli Schwarz  
Project Supervisor  
Reader in Periodontology and Public Health

牙周病學及公共衛生學系

**DEPARTMENT OF PERIODONTOLOGY AND PUBLIC HEALTH**

FACULTY OF DENTISTRY, PRINCE PHILIP DENTAL HOSPITAL, HOSPITAL ROAD, HONG KONG

TEL: (852) 859 0295

FAX: (852) 858 7874



Our Ref.: CHP94\GP3\LET\03

貴家長台端：

我們是香港大學牙醫學院畢業班學生。我們現正進行一項社區健康計劃的問卷調查，內容是關於「家長對中學生牙科保健計劃的意見」。

我們衷心希望 閣下能回覆內附的問卷，並於  
交回班主任。

前由 貴子女

此問卷調查將以不記名方式進行，只會用作內部統計和分析，所得結果將可對設立中學生牙科保健計劃有所幫助。

為表示多謝 閣下的支持，我們將會致送一份口腔護理產品給 貴子女。此產品將於 貴子女交回問卷時由班主任派發。

此致

香港大學牙周病學及公共衛生學系

周明忠同學  
五年級第三組聯絡人

史華思教授  
計劃主管

一九九四年十一月廿一日

牙周病學及公共衛生學系

DEPARTMENT OF PERIODONTOLOGY AND PUBLIC HEALTH

FACULTY OF DENTISTRY, PRINCE PHILIP DENTAL HOSPITAL, HOSPITAL ROAD, HONG KONG

TEL: (852) 859 0295

FAX: (852) 858 7874

Our Ref.: CHP94\GP3\LET\02

4 November 1994

The Professional Relations Manager  
Oral-B Laboratories  
Gillette Far East Trading Ltd.  
Room 1605-09, City Plaza 4  
12 Tai Koo Wan Road  
Tai Koo Shing  
Hong Kong

Dear Sir/Madam,

Re: Application for Sponsoring Community Health Project

With reference to previous discussion with Mr. Mark Cheung, we should like to seek your support. We are a group of final year dental students from the Faculty of Dentistry, The University of Hong Kong. We are now conducting a community health project with the title "The demands and opinions of parents towards an organized dental care scheme for secondary school students".

Around 600 secondary school students from schools in Kowloon and Hong Kong will be asked to participate in the study which aims to gather information concerning the establishment of a dental care scheme for secondary school students. To ensure their co-operation and that of their school teachers, we would like to present them with some practical dental souvenirs in terms of toothpaste (40g size)/toothbrush (P30) for the students and P35-40 for around 30 teachers as a small gift. Therefore, we would like to apply for your sponsorship of these useful oral hygiene aids.


Of course, your kind sponsorship will be acknowledged in our project report.

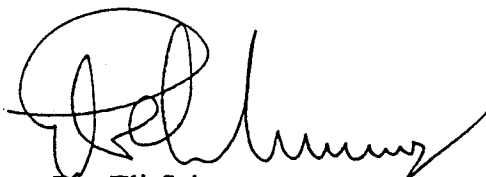
We would be most grateful if you would agree to sponsor the gifts. And we are looking forward to your favourable reply.

If you have any enquiries, please feel free to contact me at 1128908 A/C 9501 or Dr. Schwarz at 859 0291.

Thank you for your kind attention.

Yours sincerely,

  
Mr. Kevin M.C. Chow  
Project Coordinator  
Group 5.3

  
Dr. Eli Schwarz  
Project Supervisor  
Reader in Periodontology and Public Health  
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